

PESTICIDE BROKER LICENSE PACKET

Contains the following documents:

- Licensing Requirements and Fact Sheet
- Application and Instructions
- Visa/Mastercard Transaction Form
- Customer Service Survey Form

State of California
**PESTICIDE BROKER
LICENSING REQUIREMENTS**
Rev. 5/07

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH
1001 I Street
P.O. Box 4015
Sacramento, California 95812-4015
Phone: (916) 445-4038 Fax: (916) 445-4033
Web site at <<http://www.cdpr.ca.gov>>

**Do you need
this license?**

You must possess a pesticide broker license if you are a person or business (inside or outside of California) who first sells or distributes pesticides into or within California. However, this license does not authorize the sale of agricultural use or restricted use pesticides to end users.

If ...	Then ...
You are the “first” to sell or distribute any pesticide into or within California (not to end users) and are not a pesticide registrant or a pest control dealer	This licensing requirement applies to you
You sell an agricultural use pesticide or any method or device for the control of agricultural pests to end users	You must be licensed as a pest control dealer business (Food and Agricultural Code [FAC] section 11407)

Note: California’s definition of agricultural use includes but is not limited to commercial production of animals or plants, golf courses, parks, cemeteries, roadsides, power line rights-of-way, and nurseries (Food and Agricultural Code [FAC] section 11408).

**Basic licensing
requirements**

You can obtain a pesticide broker license by submitting an application. A branch location includes a broker’s distribution center(s), not individual retail outlets. There are no fees required to obtain or renew this license.

**Other
requirements**

Once you obtain your license, you must do all of the following:

- Maintain records of your purchases, first sales, and distributions of pesticides into or within the state for four years at your principle place of business
- Report to the Director the total dollars of sales (including zero sales) and the total pounds or gallons of pesticides sold into or within California on a quarterly basis (FAC section 12406[a][b])
- Pay the mill assessment fee if you are the first seller*

*California assesses a “mill assessment” fee on all pesticide sales. The first seller is responsible for payment of the mill assessment. This is usually the pesticide registrant. Registrants are responsible for reporting the amount of pesticides they distribute or sell for use in California, and for paying the mill assessment. If the first sale is made not by the registrant but by another party (a pesticide broker or pest control dealer), then they must report and pay the mill assessment. (FAC section 12406[b])

**Timelines for
processing
applications**

DPR has established time periods for processing permit applications, in compliance with Government Code sections 15374-15378. **DPR may take up to a hundred days to complete the processing of your application.** Failure to comply with these time periods may be appealed to the Agency Secretary, California Environmental Protection Agency, P.O. Box 2815, 1001 I Street, Sacramento, California 95814, pursuant to regulations set forth in 3 CCR section 301. Under certain circumstances, the Agency Secretary may order that the applicant receive a reimbursement of filing fees.

Continued on next page

**License
duration**

A new license may be issued for up to two years, depending on when you apply and your license cycle. Each renewed license is valid for two years unless you renew late.

**License cycles
for renewal**

The following table illustrates the license cycles for renewal.

If your business name begins with ...	Then your license will ...
A through L	Expire on December 31 of even-numbered years (e.g., 2008, 2010, 2012, etc.)
M through Z (including businesses starting with "The")	Expire on December 31 of odd-numbered years (e.g., 2007, 2009, 2011, etc.)

**Miscellaneous
fees**

The following chart lists the miscellaneous fees for this license. We charge a maximum fee of \$20 for **all** changes/requests that are submitted on a single application form.

Type	Amount	Details
Name change	\$20	<ul style="list-style-type: none">• You must immediately notify the Licensing and Certification Office in writing (3 CCR section 6508).• You must submit legal documents certifying the name change.• A new license will be automatically issued for all name changes.• The <i>Address and/or Name Change Form</i> is available on our Web site at <www.cdpr.ca.gov/docs/license/lcforms.htm>.
Address change	\$20	<ul style="list-style-type: none">• You must immediately notify the Licensing and Certification Office in writing (3 CCR section 6508).• This fee is only required if you request a new license.• The <i>Address and/or Name Change Form</i> is available on our Web site at <www.cdpr.ca.gov/docs/license/lcforms.htm>.
Duplicate	\$20	<ul style="list-style-type: none">• This fee applies to requests for a duplicate or replacement license.

**Our physical
address**

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
1001 I Street
Sacramento, CA 95814-2828

**Our mailing
address**

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
P.O. Box 4015
Sacramento, CA 95812-4015

**For more
information**

You can contact us between the hours of 8 a.m. to 5 p.m. at (916) 445-4038, or e-mail us at <licenseemail@cdpr.ca.gov>.

LICENSE NO.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038

PESTICIDE BROKER LICENSE

THIS LICENSE EXPIRES

= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

Who Needs It?

- Any person, whether inside or outside of California, who first sells or distributes pesticides in California (except persons already licensed as a pest control dealer or registrant selling his/her own registered product). All pesticides offered for sale or sold in California must be registered by the Director of the Department of Pesticide Regulation (DPR).
- This license **does not** authorize the sale of agricultural use or restricted use pesticides to end users. A Pest Control Dealer License is required if the sales of agricultural use or restricted use pesticides are directly to end users. [FAC section 11407]

What's Required to Obtain the License?

- Submit an application for a Pesticide Broker License issued for each principal and branch location. [FAC section 12400] Branch location also includes a broker's distribution center(s), not individual retail outlets. There is no fee required to obtain this license.
- Fictitious Business Name Statement from the County Clerk's Office. [FAC section 12103]
- Certificate of Good Standing for companies that are California or foreign corporations registered in California - obtained for a fee from the Secretary of State. Corporations incorporated out-of-state must submit a Certificate of Good Standing from that state

Additional Requirements When Licensed!

- If the mill assessment has not been paid by the registrant, the pesticide broker or pest control dealer must pay a quarterly assessment to the Director of the Department of Pesticide Regulation, based upon the total dollars of sales for sales into or within California of registered pesticides. Also, the first person who sold this product into or within California shall show the mill assessment will be paid.
- Retain records of your purchases, sales, and distribution of pesticides into or within California for four years at the principal place of business. [FAC section 12406(a)]
- Submit a quarterly report to the Director of the total dollars of sales (including zero sales) and total pounds or gallons of pesticides sold into or within California. [FAC section 12406(b)]

PESTICIDE BROKER LICENSE APPLICATION

PR-PML-217 (REV. 1/06)

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1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**A. Application Type.** Check the appropriate box(es).☐ NEW APPLICATION ☐ NAME / ADDRESS CHANGE ☐ OTHER (Specify) _____☐ ADD BRANCH LOCATION ☐ DUPLICATE / REPLACEMENT LICENSE BUSINESS LICENSE # _____**B. Business Information (Main Location).** Please print or type.

BUSINESS NAME

EMAIL ADDRESS	FAX NUMBER ()	TELEPHONE NUMBER ()
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BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(County)	(State)	(ZIP Code)
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BUSINESS TYPE (Check only one box.) See instructions for documentation requirements.

☐ CORPORATION ☐ INDIVIDUAL ☐ LIMITED LIABILITY COMPANY ☐ OTHER _____☐ PARTNERSHIP ☐ NON-PROFIT ASSOCIATION ☐ LIMITED LIABILITY PARTNERSHIP**C. Former Business Name.** Enter former business name below.

FORMER BUSINESS NAME

D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

2) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

3) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

E. Branch Locations. Attach additional sheet if necessary.

1) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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2) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
--	--------	----------	---------	------------

3) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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4) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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5) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
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Application Continued on Reverse Side

PESTICIDE BROKER LICENSE APPLICATION

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F. Pesticide Broker Business Type.

Indicate the type of pesticides your business will be selling by checking the appropriate box(es) below.

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Use Pesticides | <input type="checkbox"/> Tributyltin |
| <input type="checkbox"/> Non-agricultural Use Pesticides | <input type="checkbox"/> Livestock/Poultry Pesticides |
| <input type="checkbox"/> Restricted Use Pesticides (Either California or Federal) | <input type="checkbox"/> Biological Control Agents |
| <input type="checkbox"/> Other _____ | |

G. Fees & Mailing. All fees are non-transferable and non-refundable.

Name/Address Change, Duplicate/Replacement Fee

☐ \$20

x

=

\$

Total Fee(s) Due/Enclosed

\$

Enclose a check, money order or credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation.

Mail your completed application and required documentation (and fees if applicable) to: Pest Management and Licensing Branch, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

H. Read Before Signing. During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the sale of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?☐ YES (State explanation below.)☐ NO**I. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.**

APPLICANT SIGNATURE

DATE SIGNED

FOR OFFICIAL
USE ONLY

LICENSE NUMBER

COMPUTER ENTRY DATE

RC ENTRY DATE

PESTICIDE BROKER LICENSE APPLICATION INSTRUCTIONS

PR-PML-217 (REV. 1/06)

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A. Application Type. Check the appropriate box(es).

- ☐ **New Application:** If you are applying for the Pesticide Broker License for the first time.
- ☐ **Add Branch Location:** Adding a pesticide broker branch location to your license.
- ☐ **Duplicate/Replacement License:** Requesting a duplicate or replacement license.
- ☐ **Name/Address Change:** Requesting name/address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will not be printed for an address change only unless specifically requested and a \$20 fee submitted with the application.
- ☐ **Other:** Any other change, please specify the change.

NOTE:

*If your business name begins with **A - L**, the expiration date of the business license is on **even-numbered** years.*

*If your business name begins with **M - Z**, the expiration date of the business license is on **odd-numbered** years.*

B. Business Information (Main Location). Complete the information requested in this section. If you are changing your business name, enter your former business name in Section "C". If there is a change in business name or address you must immediately notify the Director in writing. If your business is a:

- ☐ **Corporation**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
- ☐ **Limited Liability Company or Limited Liability Partnership**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
- ☐ **Partnership**, submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- ☐ **Individual**, if the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- ☐ **Non-Profit Association**, if the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814. If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.

C. Former Business Name. If your business name has changed, enter the former name in this section of the application.**D. Business Officers or Owners.** List the name, title, and mailing address of the business officers and/or owners. If necessary, use an additional sheet of paper. If there is a change in the business ownership or organization, notify the Director immediately in writing. A new application and fee must be submitted for this change.**E. Branch Locations.** Complete this section to add a branch location to your business. Enter the business location address for each branch location added. If the branch name is different from the main business name, indicate the branch name and submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.**F. Pesticide Broker Business Type.** Indicate the type of pesticides the business will be selling. Check all that apply.

PESTICIDE BROKER LICENSE APPLICATION INSTRUCTIONS

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G. Fees. All fees are non-transferable and non-refundable.

Name/Address Change Fee: \$20 (See Note)

Duplicate/Replacement Fee: \$20 (See Note)

NOTE: A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

H. Read Before Signing. Check appropriate box.

- I. Declaration/Signature Block.** Sign and date your application. Mail your completed application (and enclose a check, money order or credit card payable to "Cashier, DPR" if applicable) to: Pest Management and Licensing Branch, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Failure to complete or provide the requested information may delay the processing of your application.

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)												CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE			
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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California Environmental Protection Agency

Customer Service Survey

Our goal is to provide you with the best possible customer service. Your feedback telling us what is going well and what needs improvement is essential to our success to better serve you. We ask that you take a moment to complete the electronic customer service survey form at www.calepa.ca.gov/Customer/CSForm.asp. To assure that we receive your comments, please select “Department of Pesticide Regulation” and “Division of Pest Mgmt, Environmental Monitoring, Enforcement & Licensing” on the survey form. If you do not have access to the Internet and our electronic Customer Service Survey form, please feel free to write us at:

California Department of Pesticide Regulation
Pest Management and Licensing Branch
P.O. Box 4015
Sacramento, CA 95812-4015

Thank you for your feedback.